ARGIN RESERVED FOR BINDING

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate. kD. Every item of infor-UNFADING INK-THIS IS A PERMANENT RE -WRITE PLAN

STATE OF MARYLAND—	CERTIFICATE OF DEATH	1
1. PLACE OF DEATH	97	1 1
County It Mary	Registration Dist. No. 281	
Village or City June of From	NoSt.,	Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long In U.S. if of foreign birth?yrsmos	
2. FULL NAME Madeline Beck	If U. S. Veteran, specify WAR	
(a) Residence: No.	St., Ward.	******
(Usual place of abode)	It nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Ye	7
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rulolph & Seek	22. HEREBY CERTIFY, That attended deceese	
6. DATE OF BIRTH (month, day, and yeer) March 7, 1849	I last saw have alive on 1937; deeth	
7. AGE Years Months Days If LESS than	to have occurred on the date steted above, at 1 Am.	10 0014
88 8 27 1 dey,hrs.	THE TRINCIPAL CAOSE OF DEATH and related causes of importance	ofonset
8. Treda, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Rolling appropria	1 5
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work wes dona, as SILK MILL, SAW MILL, BANK, etc 10. Data decesed last worked et this occupation (month and		
year) occupation	Other Contributary Causes of importance:	
(Stata or country)		
13. NAME John & gint		
14. BIRTHPLACE (city or town)	Neme of operation Deta of	
(State of Country)	What test confirmed diagnosis? Wes there en eutopsy?	<u> </u>
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	23. If death wes due to external causes (VIOLENCE) fill in elso the following:	
O 16. BIRTHPLACE (city or town) (Stete or country)	Accident, suicide, or homicide?, 19	}
17. INFORMANT Rudolf Beck	Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place Vopalar Hill ameter Date dec 5, 1937	Neture of Injury	
19. UNDERTAKER PB. Robinson md	24. Wes disease or injury in any way related to occupation of deceased?	
20. FILEDO Le 4, 1937 Of Beach Registrar.	(Signed) Great Millo M	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		100	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis 1	1 year
Gausiones	May 1,1923		

AGE should be stated EXACTLY. PHYSICIANS should state

properly classified.

TION is very important. See instructions on back of certificate.

ALISH OF DEATH in plain terms, so that it may be

should be carefully supplied.

Exact statement of OCCUPA-

ORD. Every item of infor-

STATE OF	MARYLAND-CERTIFICATE	OF DEATH
DI 400 00 00000		

STATE OF MARYLAND	CERTIFICATE OF DEATH 13232
1. PLACE OF DEATH	The state of the s
County A. Marye	Registration Dist. No. 28/
Village or City Passey Coins	No. St., Ward If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrsmo	it death occurred in a no-pital or institution, give its INAIVIE, instead of street and number)
2. FULL NAME abraham Brisc	
	The state of the s
(a) Residence: No. (Usual place of abode)	St, Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Black S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Florence Biscoe	22. I HEREBY CERTIFY. That I attended deceased from
	Dec, 27, 1932, to Dec 22, 1937
6. DATE OF BIRTH (month, day, and yaar) Tin kenowi	I last saw h_Zaza alive on
7. AGE Years Months Days II LESS than 1 day,hrs.	to have occurred on the date stated above, at / 2 m./ The PRINCIPAL CAUSE OF DEATH and related causes of importance
wow 19 ormin.	were as follows:
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.	Poblar to 121 to 19/2 ha
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Date deceased last workad at this occupation (month end	Jacque Salla
11. Total tima (years) this occupetion (month end year) year) 11. Total tima (years) spant In this occupation	
12. BIRTHPLACE (city or town) Lally Lec (Stata or country)	Ditter Contributory Causes of Importance: Alexange Later Hermin 12/24 37
13. NAME Bill Briscoe	
13. NAME Bill Briscoe 14. BIRTHPLACE (city or town) Lally de C (State or country)	Name of operation
15. MAIDEN NAME HOSSIELLE TO MANGE	What test confirmed diagnosis?
15. MAIDEN NAME # arrest Dyoon 16. BIRTHPLACE (city or town) Lally Die (State or country) Thary Lasard	Accident, sulcide, or homicide? Date of Injury, 19
17. INFORMANT John C. Biles Co (Address) Piney Point Mid	(Specify city or town, county and State) Spacify whather injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAT PIECE Holy Grane Benederate Dec 29, 1937	Manner ol injury
19. UNDERTAKER Juni to: Mathingly (Addrass) Lionardtown and	24. Wes diseesa or injury In any way related to occupation of deceased?
20. FILED Dec. 28, 193) PABeau M. E. Registrar.	(Signed) PARA M.D. (Addrass) Senset Suills Med.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis —	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance;		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE C	F MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH	,	(23)
County A. Meace	10	A 7 Registration Disto No.
Village or City Loce as	labour	No. / Mary & Property
Length of residence in city or town whore		f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long In U.S. if of foreign birth?
(H. D	deoth occured yrs mo	
2. FULL NAME ULLO		If U. S. Veteran, specify WAR
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (price the word)	21. DATE OF DEATH LOLE 30, 193 (Month) (Dey) (Yo
5a. If married, widowed, or divorced HUSBANO of	•	
(or) WIFE of		1 HEREBY CERTIEY That I ottended decoase
6. DATE OF BIRTH (month, day, end year)		I lest sow he olive on whee 30 1937; deeth
7. AGE Yeers Months	Oeys If LESS than	to heve occurred on the dete steted above, at 4.30Pm.
25	1 dey,hrs.	ware as follows:
8. Trede, profession, or perticular kind of work done, es SPINNER,	2	Date
SAWYER, BOOKKEEPER, otc	110000	Meleconory Muchellen
Work was done as SHK MILL		
SAW MILL, BANK, etc	11. Total time (years) spent in this	·
yeer)	occupetion	Other Centributery Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	0	
13. NAME Sarah	(Deceles	
13. NAME 14. BIRTHPLACE (city or town)	d	Nomo of operation
(State of country)		Whet test confirmed diegnosis? Wes there on autopsys
15. MAIDEN NAME Reace	1	23. If deoth was due to externel causos (VIOLENCE) fill In elso the following:
0 16. BIRTHPLACE (city or town)	d	Accident, sulcide, or homicide?
(State on country)		Where did Injury occur? (Specify city or town, county and State)
17, INFORMANT (Addross)	elley	Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR BEMOVAL	1 1	Monnor of Injury
Place f. Moyree	Dato / 1938	- Neture of Injury
19. UNDERTAKER WY 6 Wea	eller l.	24. Was disease or injury in any wey related to occupation of doceosed?
(Addross) Long	dismo.	If so, specify.
20. FILED 730 1937 (C	accellen	(Signed) / and (
7	Registrar.	(Address) Alexandron Mi

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis Date of onset		The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BIDEFAII V. S. II		·	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			il de la constantina

V. S. No. 1

item of infor-

NT RECORD. Every item of infor-	nation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	** Company of the Com
S A PERMANE	ated EXACT	operly classified	tificate.
THIS I	ild be st	ay be pi	ck of ce
G INK-	GE shou	that it m	ns on ba
TH UNFADIN	ly supplied. A	lain terms, so t	TION is very important. See instructions on back of certificate.
PLAINLY, WI	ould be careful	F DEATH in p	ery important.
1	sho	0	20

STATE OF MARYLAND—	CERTIFICATE OF DEATH 13234
1. PLACE OF DEATH	
County St Mary	Registration Dist. No. 281
Village or City California	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsyrs	
2. FULL NAME Josephine Foose	If U. S. Veteran, specify WAR
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Willow	21. DATE OF DEATH (Month) (Day) (Year)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of alfred & Foose	22. HEREBY CERTIFY, That I atlended decessed from the 1,1937, to the 3,1937.
6. DATE OF BIRTH (month, day, end year) Let 12, 1866 7. AGE Years Months Days If LESS than 1 dey,hrs. ormin.	I last saw h alive on 3, 1937; death is said to have occurred on the date stated above, at 71307 m. The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Carcinoma of latertine 1986
this occupation (month and 1930 spent in this 45 occupation 12. BIRTHPLACE (city or town) (State or country)	Other Contributory Causes of Importance:
13. NAME 14. BIRTHPLACE (city or town) (State or country)	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of Country)	Whet test confirmed diagnosis? Was there en autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. MAIDEN NAME (Address)	23. If death was due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place Lashington DC Date Dec 7, 1937	Menner of Injury
19. UNDERTAKEN Scatts (Address) Washington	24. Was disease or Injury in any way related to occupation of deceased?
20. FILED Dec 3, 1937 PyBen how Registrar.	(Signed) M. D. (Address) great Mills, Md
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related ca of importance were as follows:	auses Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	C July 5, 1927	Peritonitis	3 days ago
The second secon			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
•			

PARGIN RESERVED FOR BINDING THE NEADING INK_THIS IS A PERMANENT

V. S. No. 1

-WRITE PLANLY, WITH CNFADING INK-THIS IS A PERMANENT RECARD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
NENT RECRD. E	CTLY. PHYSICI	sified. Exact states	
HIS IS A PERMA	be stated EXA	be properly class	of certificate.
NFADING INK-T	olied. AGE should	rms, so that it may	TION is very important. See instructions on back of certificate.
AMLY, WITH OF	l be carefully supp	DEATH in plain te	important. See i
WRITE PL.	nation shoule	CAUSE OF I	FION is very

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	<u> </u>
County It Many	Registration Dist. No. 21/
	ND. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrs,mos	ds. How long in U.S. If of foreign blrth?yrsmosds.
2. FULL NAME Infant Juna	If U. S. Veteran, specify WAR
(a) Residence: ND. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY. That I attended deceased from
5. DATE OF BIRTH (month, day, and yeer) Du 9.1937	last saw be simple for Deg 91937; deeth is said
AGE Years Months Days If LESS than	to have occurred on the date steted above, at B. 2. A.m.
still born 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Osphyxiation due to present
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	on cord by after county head /2/9/37
this occupation (month end spear) spent in this occupation	Other Contributory Causes of Importance:
(State or country)	
13. NAME James I gum	
14. BIRTHPLACE (city or town) Dameron	Name of operation Date of
(State or country)	What test confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME Dairy & Brocke 16. BIRTHPLACE (city or town) Wymae (Stete or country)	23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?
17. INFORMANT Daving B. Gum (Address) Semen med	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OB REMOVAL Place of Peters cometing Date Dec 10, 1937	Manner of Injury
19. UNDERTAKER Janges I Gumen and	24. Was disease or Injury In eny wey related to occupation of deceased?
20. FILED Dec 10, 1937 Of Bear but Local Registrar.	(Signed) (Address) Great Mulls, Fred
76 11 1 11 11 0 2	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.—V TON is very important. See instructions on back of certificate.

STATE	OF	MARYI	AND-	CERTIFI	CATE	OF	DEATH
JIAIL		141 / / 1 / 1 /		OFIGURE 1	~/ L L L	01	

3	1	6 2	175	1	9
1	.5	2	13	1	ì
- 4	0	-		1	

1. PLACE OF DEATH	107. a
County S+ Mary 3.	Registration Dist. No. 284
Village or City Orabiele (If	No. Octobeel St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long In U. S. if of foreign birth?yrsmosds.
2. FULL NAME Debut de co Her	Cesh: If U. S. Veteran, specify WAR
(a) Residence: No77cov Ovovila (Usual place of abode)	St., Ward. ' If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Oct 17 1 1937.	I last saw h and althout see her elso 19 ; death is said.
7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at
2 Trade profession or particular	From . wereligation and history one will
Nind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Data decaased last workad at this occupation (month and spant in this	1 Nroucko (Jumana)
12. BIRTHPLACE (city or town) Real Oracle (Stata or country)	Other Coutributory Causes of importance:
14. BIRTHPLACE (city or town) - Jud	
14. BIRTHPLACE (city or town)	Name of operation
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Marsha E. Morgan. 16. BIRTHPLACE (city or town) (Stata or country)	23. If death was dua to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT Marcha E. Herbest. (Address) Oravile	Specify whather Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place St. Date Dec 2), 1937	Manner of injuryNature of injury
19. UNDERTAKER I have Roberts (Address) Leonord Com.	24. Was disease or Injury In any way related to occupation of deceased?
20. FILED Dec 27, 1937 Bem Hallowi Registrar.	(Signed) James Othoron M.D. (Address) Challe Lyall

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepey	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	TAPE V.	
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

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V.S. V

should state UNFADING INK-TIIIS IS A PERMANENT RECORD. Every item of inforof -OCCUPA-PHYSICIANS Exact statement stated EXACTLY. properly classified. See instructions on back of certificate. AGE should be CAUSE OF DEATH in plain terms, so that it may nation should be carefully supplied. WITTE PLAINLY, WITH TION is very important.

1.

2.

3. SEX

5a. 1f

6. DA 7. AGE

OCCUPATION

12. B1

FATHER

MOTHER

17. IN 18. BU

19. UNDERTAKER (Address)

20. FILED L

	F MARYLAND-	CERTIFICATE OF DEATH
PLACE OF DEATH		82-0
County Q	- 20 9	Registration Dist. No. 2
Village or City	nus	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where de	(\ \	
FULL NAME Lan	us laur	1 U.S. Veteran, specify WAR
(a) Residence: No. Pac	11111	St., Ward.
(a) Residence. No.	(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTIC	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
EX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
m Et	mario	(Month) (Day) (Year)
If married, widowed or divorced HUSBAND of (or) WIFE of March 2	fett fres	22. I HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH (month, day, and year)	5-69 -1878	I last saw h alive on 12 - 16 - 19 3 death is said
AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 1.0.2.m.
5-9 7	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Yeade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc	chow	Carelon af aprily Date of onset
9. Industry or business in which work was done, as SIEK MILL, SAW MILL, BANK, etc		
10. Date deceased last worked at this occupation (month and / 0 - 3 year)	11. Total time (years) spent In this occupation	
BIRTHPLACE (city or town) Pale (State or country)	to ce	Other Contributory Causes of importance:
14. BIRTHPLACE (city or town) Page (State or country)	Em	Name of operation
15. MAIDEN NAME \ 4 L / L AL	2 Lows	What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country) INFORMANT	In.	Accident, suicide, or homicide?
(Address) / Alla	my col	
BURIAL, CREMATION, OR REMOVAL	Date 7 2 -1 5 19 35	Manner of injury

Registrar.

If so, specify

(Signed)

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Example I	li li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis (AN)	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
The state of the s			
Other contributory causes of importance:	105	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

WITH CNFADING INK THIS IS A PERMANENT RE-

STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUPA 1. PLACE OF DEATH Registration Dist. No. 282 (If death occurred in a hospital or institution, give its NAME instead of street and number) How long In U.S. if of foraign birth? vrs. mos. statement 2. FULL NAME AMENOUS If U. S. Veteran, specify WAR..... (a) Residence: No. If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED 21. DATE OF DEATH OR DIVORCED (wije the word) assified. 5a, If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) certificate. 7. AGE Montals Days If LESS than to have occurred on the date stated above, at_____ 1 day,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance or____min. Date of enset 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.... 9_Industry or business in which may plnous work was done, as SILK MILL SAW MILL, BANK, etc. 10. Date deceased jast worked at 11. Totai tima (yaars) this occupation (month and spent in this that occupation ____ instructions 12. BIRTHPLACE (city or town) (State or country) supplied. plain terms, FATHER See 14. BIRTHPLACE (city or town) (Stata or country) carefully What test confirmed diagnosis?_ ----- Was there an autopsy?____ MOTHER important. 15. MAIDEN NAME 3 in 23. If death was due to external causes (VIOLENCE) fill in also the following: DEATH 16. BIRTHPLACE (city or town) (State or country) Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT plnods (Address) OF 18. BURIAL, CREMATION, OR REMOVAL Manner of Injury S LION Nature of Injury 24. Was disease or injury in any way related to occupation of deceased?_ 19. UNDERTAKER (Address) If so, specify fernandhow, Registrar. (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

S. No. 1

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
JAN 4 1938			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	Paristration Dist. No. 702
County of Mary	Registration Dist. No. 282
Village or City mean Thorseville	No. St., Wa (If death occurred in a hospital or institution, give its NAME instead of street and number)
	nos. 21 ds. How long In U.S. if of foreign birth? yrs. mos
2. FULL NAME Heller Cicelia Jama	If U. S. Veteran, Specify WAR
(a) Residence: No. Leverille	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
frack while	(Month) (Day) (Year)
5a/ff married, widowed, or divorced HUSBAND of	22. J HEREBY CERTIFY. That I attended deceased f
(or) WIFE of	Alec 12 1937 to fles 72 193
6. DATE OF BIRTH (month, day, and year) July 15-1927	I last saw h 42 alive on Ald 7 19 72 death is
7. AGE Years Months Days If LESS than	
1) H 22 1day,h	The PRINCIPAL CAUSE OF DEATH end related ceuses of importance
8. Trede, profession, or perticular	were es follows: Date of arterial Throngs Date of
a. Trede, profession, or perticular and work done, es SPINNER, SAWYER, BDOKKEEPER, etc	The state of the s
of 1.9. Industry or business in which	
SAW MILL, BANK, etc	
11. Total time (years) spent in this year) 12. Total time (years) spent in this occupation occupation	
1 Octobation	Other Contributery Causes of importence:
12. BIRTHPLACE (city or town)	Theymonous in mouster I all
13. NAME Sames Subley Force	
E IS TAME	
14. BIRTHPLACE (city or town) for hands (State or country)	Name of operation
	What test confirmed diagnosis? Was there en eutopsy?
E THE THE PROPERTY OF THE PARTY	23. If death was due to external causes (VIOLENÇE) fill In also the following:
State or country)	Accident, suicide, or homicide?
here to the	(Specify city or town, county and State)
17. INFORMANT MAY MANAGE AND A CONG.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place of Josephs anelargete Dect 10, 19	Nature of Injury
2501 6 A. 151.	24. Was disease or injury in any way related to occupation of decessed?
19. UNDERTAKER MELLO MELLONG OF CONTROL OF C	if so, specify
19/6 37 00	(Signed) I Bernell
20. FILED 9 9 1927 (Coese alce)	

state

RD. Every item of infor-

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ARGIN RESERVED

WRITE PL

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriocologous JAN 4 1938	Date of onset	The principal cause of death and related causes of importance were as follows:	
21716710861670818	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

PHYSICIANS should state

stated EXACTLY.

certificate.

See instructions on back of

TION is very important.

dation should be carefully supplied. AGE should be stated EXACTL CAUSE OF DEATH in plain terms, so that it may be properly classified.

of OCCUPA.

Exact statement

STATE OF MARYLAND—CERTIFICATE OF DEATH 13240

1. PLACE OF PEATH	89-6
County S) manys	Registration Dist. No. 28/
Village or City & L- Verefors	No. St Ward
	death occurred in a horpital or institution, give its NAME instead of street and number)
h. 740 0	ds. How long in U.S. if of foreign birth?yrsmosds,
2. FULL NAME Mary Males	If U.S. Veteran specify WAR.
(a) Residence: No. (Usual blace of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Treudle While Quile (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of promo	22. I HEREBY CERTIFY. That I ettended deceased from
6. DATE OF BIRTH (month, day, and year) 8-19-1885	
6. DATE OF BIRTH (month, day, and year) 3 - 14 - 1880 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at . 3. P. m.
- 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
9 Trade exclassion or particular	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER SAWYER, BOOKKEPER, etc.	- Sulft water
9. Industry or business in which work was done, as SILK MILL.	
SAW MILL, BANK, etc	
O this deceased last worked at this occupation (month and year) spant in this occupation	
11 000	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) & Sales (State or country)	
E	
4. BIRTHPLACE (city town)	Name of operation Dete of
5. MAIDEN NAME OF QUEN / Envir	What test confirmed diagnosis? Was there en eulopsy? Was there en eulopsy?
16. BIRTURACE (city or town) Dage 1/2	23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?
State or country)	Where did Injury occur?
17. INFORMANT Those cerrice	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) St Sue M	- The state of the
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Inily Church Date Del, 10, 193}	Nature of injury
19. UNDERTAKER & J. Wheesauce	24. Was disease or injury in any way related to occupation of deceased?
(Address) Decensoral	If so, specify
20. FILED DEC B. 1933	(Signed) OTCEREY! M.D.
Depty Local Registrar.	(Address) Ledge Man
If more blanks are needed, at less State Registrar,	2411 N. Charles Street, Balismore, Requesting V. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

19. UNDERTAKER (Address)

13741

Date of onset

		1
ddress)	Jeonas	alver

24. Was disease or injury In any way related to occupation of deceased?_____

Registrar.

If so, specify

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Example I	4	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage 1938	July 5, 1927	Peritonitis	3 days ago	
5. 1				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND—	CERTIFICATE OF DEATH 13242
1. PLACE OF DEATH	(94%)
County At Mary	Registration Dist. No. 281
Village or City Lionardtown	NoSt.,Ward
4	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U. S. If of foreign birth?
	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married **The color of the color of th	21. DATE OF DEATH (Month) (Day) (Year)
5e. If merried, widowed, or divorced HUSBAND of (or) WIFE of Thomas Miles	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, dey, end yeer) Lenknown 1900	I last saw because elive on
7. AGE Years Months Days If LESS then 1 dey,hrs.	to have occurred on the dete stated above, et 2.42 fm. The PRINCIPAL CAUSE OF DEATH and releted causes of importance
S Trade profession or particular	were as follows:
8. Trade, profession, or perticuler kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month end).	Coronary Thrombosis 3/1/37
10. Date deceased last worked at this occupation (month en 1987) 11. Total time (years) 11. Total time (years) 12. Total time (years) 12. Total time (years) 13. Total time (years) 13. Total time (years) 14. Total time (years) 14. Total time (years) 14. Total time (years) 15. Total time (years) 16. Total time (years) 16. Total time (years) 17. Total time (years) 18.	Other Contributory Canses of Importance:
12. BIRTHPLACE (city or town) Chapties (State or country)	Other Contributory Canses of Importance.
13. NAME Robert Butter	
13. NAME Mobert Butter 14. BIRTHPLACE (city or town) Chapters (State or country)	Name of operation Date of What test confirmed diagnosis? Wes there an eutopsy?
15. MAIDEN NAME Clay Both sales 16. BIRTHPLACE (city or town) Clay Constitution (Stete or country)	23. If deeth was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT Thomas Miles (Address) Longestown and	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Piece St. Richales Cemberpate Decen 12, 1937.	Menner of Injury
19. UNDERTAKER Win C mattingly (Address) Econordiown and	24. Wes disease or Injury In eny way related to occupation of deceesed?
20. FILED Die 11, 1937 Of Bear Registrar.	(Signed) M.D. (Address Jaens Mills M.D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work donc. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II	
pal cause of death and related causes nee were as follows:	Date of onset
ilepsy	1 wcek ago
street car	1 week ago
	3 days ago
ributory causes of importance:	
is	1 year
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	AY, WITH CNFADING INK-THIS IS A PERMANENT RE. D. Every item of infor-	be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	EATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-
	ry	Z	nt
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N. B.-WRITE PLA

V. S. No. 1

CAUSE OF D mation should

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND-CERTIFICATE OF DEATH

13243

1. PLACE O	F DEATH				
County	+. Mays:			Registration Dist. No. 28	Y
Village or (city Leonard	tomo n	nd	No. It Many 1 to spilat st.	Ward
			(If	death occurred in a horpital or institution, give its NAME instead of street an	d number)
	0/10	deeth occurred	yrsmos	ds. How long in U.S. if of foreign birth?yrs	.mosds.
2. FULL NA	ME Mant	Willar)	If U. S. Veteran, specify WAR	
(a) Resider	nce: No. Iron	redes .	my	St., Ward.	4 - 0 0
		(Usual place o	f abode)	If nonresident give city or town a	
	VAL AND STATIST	ICAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX	4. COLOR OR RACE	5. SINGLE, MARR OR DIVORCED	IED, WfDOWED, (write the word)	21. DATE OF DEATH (Month) (Day)	, f93 (Year)
5a. If married, widow	wed, or divorced				
(or) WIFE of		V		22. I HEREBY CERTIFY, Thet I ettende	
		T	1034	, 19, to	
		Jec. 11-		I last saw h, 19	; death is seld
7. AGE Ye	ars Months	Days	If LESS than f dey,hrs.	to have occurred on the date stated above, et	
			ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:	Date of onset
Z 8. Trede, profe	ession, or perticuler work done, as SPINNER, R, BDDKKEEPER, etc			()	
					12/11/37
9. Industry or work we	business in which as done, as SILK MILL,	70 Nr		Sellton.	777
SAW MI	LL, BANK, etc.	1 11 7-4-14			
	upation (month and		in this		
1 year)		Octub	oation	Other Contributory Causes of Importance:	
12. BIRTHPLACE (C		near			
(Stete or cou		0			
13. NAME V	vallace Mu	war			
4. BIRTHPLACE	E (city or town)	yeara		Name of operation Date of	
(State o	r country)	0		Whet test confirmed diagnosis? Wes there as	n autopsy?
ff. MAIDEN NA	AME Cossice	Jameso	n_	23. If deeth wes due to external ceuses (VIOL ENCE) fill in elso the follow	Ing:
6. BIRTHPLACE	E (city or town)	legland		Accident, sulcide, or homicide? Date of injury	19
∑ (State o	r country)	0		Where did Injury occur?	
f7. INFORMANT (Address)	Rosalie	meron		(Specify city or town, county and S Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC I	tale) PLACE.
f8. BURIAL, CREMA	TION, OR REMOVAL			Manage of Intum.	
Place	rettop Jud	Dete Dec.	12. 1937	Menner of Injury	
f9. UNDERTAKER	Hallace m	ular		24. Wes disease or injury In any wey releted to occupation of deceased?_	
(Address)	Dinside 1	med		If so, specify	
20. FILED 1 11		acual	Registrar.	(Signed) (Maryus (), Will M	M. D.
			Acgistraf.	(unaless) 12	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis IAM A 1938	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
	Ď.			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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	NE	CT
3	MA	Y
ARGIN REDERVED FOR BINDING	CNFADING INK-THIS IS A PERMANENT RE	supplied. AGE should be stated EXACTLY. Pl
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IYSICIANS should state AD. Every item of infor-

Exact statement of OCCUPA.

be properly classified.

See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully

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TION is very important.

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	(46-B)
County M. Marys	Registration Dist. No. 2 8 2
Village or City followith	NoSt., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Clarence morgan	
(a) Residence: No. Eleculus	St. Ward.
(Usual place of abode)	If nonresideot give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (arris the word)	21. DATE OF DEATH (Lee) 16 193 7
5e. If merried, widowed, or divorced HUSBAND of	(Month) (Day) (Yeár)
(or) WIFE of	22. I HEREBY CERTIFY, Jhet! ettended decessed from 19.87 to See 16 19.77
6. DATE OF BIRTH (month, day, and yeer) Quee. 24 1890	I lest saw h leasilye on Dele 5 1977; death is said
7. AGE Years Months Deys If LESS then	to heve occurred on the date stated above, at & Pm.
47 3 1/22 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related ceuses of Importence were es follows:
9 Tools sectories as softiut.	Date of one et
kind of work done, es SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or business in which	Daramona & Hornoch
work wes done, es SILK MILL, SAW MILL, BANK, etc	<i>Q</i>
A. Trede, profession, or pertueter kind of work done, es SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc. 10. Dete deceased last worked et this occupetion (month and spent in this	
yeer) occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town). 2nd.	Const Control of Importance.
(State or country)	
13. NAME See News Margane 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Neme of operation
	What test confirmed diegnosis? Wes there an autopsy?
15. MAIDEN NAME Colingar Fallsborryh	23. If deeth was due to externel causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?
State or country)	
17. INFORMANT The Heery Keenan	Where did Injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Plece 1. Perphs Deter Deter 18, 1937	Neture of Injury
19. UNDERTAKER Dry C. Marienel	24. Was disease or injury in any way releted to occupation of deceased?
(Address) flowered token)	If so, specify
20. FILED 7/7 , 1937 Alexanders Registrar.	(Signed) (Address) Here and forest
Kegistat.	Contract of the state of the st

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Example I	- 1	Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage JAN 4 1930	July 5, 1927	Peritonitis	3 days ago	
V G			3 7	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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hation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA. TION is very important. See instructions on back of certificate.

MITH, WITH

B. WRITE PLA

V. S. No. 1

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STATE	OF	MARYLAND-	-CERTIFIC	ATE	OF	DEATH

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1	0	4	4	9)	

1. PLACE OF DEATH		160-8	
County It manys		Registration Dist. No. 2	1
Village or City Dames		NoSt., death occurred in a hospital or institution, give its NAME instead of street	Ward
		death occurred in a horpital or institution, give its NAME instead of street	
	^ .		
2. FULL NAME Infant		If U. S. Veteran, specify WAR	
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town	and State
PERSONAL AND STATIST		MEDICAL CERTIFICATE OF DEAT	Н
3. SEX 4. COLOR OR RACE Temple Black	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) OLE (Day)	, 193 / (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of		22. OI HEREBY CERTIFY. That I atter	
6. DATE OF BIRTH (month, day, and year)	Dec 25,1937	I last saw has alive on Dec 25, 19-	
7. AGE Yeers Months	Deys If LESS than f day, ——hrs. or —10 min.	to heve occurred on the date stated above, at	Cate of onset
8. Trade, profession, or particuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	none	Cerebral Jemor hage	12,22/37
10. Oate deceased lest worked et this occupation (month end year)	11. Total time (years) spent in this occupation		
12. BfRTHPLACE (city or town) (State or country)	nd	Other Contributory Causes of Importance:	
13. NAME USM A Porte	2		
13. NAME W M GOTTE	aners	Name of operation Date	of
(State of country)	md	What test confirmed diagnosis? Was there	e an autopsy?
15. MAIOEN NAME CLICAL 16. BIRTHPLACE (city or town) (State or country)	Lee de	23. If death was due to external causes (VIOL ENCE) fill in also the followard Accident, suicide, or homicide? Date of injury Where did injury occur?	, 19
17. INFORMANT Alger d. (Address)	Porter	(Specify city or town, county and Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLI	d State) C PLACE.
18. BURIAL, CREMATION, OR REMOVAL	in Date Dec 25, 1937	Manner of injury	
19. UNDERTAKER AM A Cor (Address) Dameson	ten md	24. Was disease or injury in any way related to occupation of deceased If so, specify (Signed)	Jean M. D.
20. FILED Dec 20, 1907	Local Registrar.	(Address) great mails, b	1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	of importance were as follows:	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Marcall V. S.	14		
Other contributory causes of importance.	1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.

1. PLACE OF DEATH	
County & - u a s	Registration Dist. No. 2 & 6
Village or City un a platy ve	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME JULE	o the R. U.S. Veteran specify WAR.
(a) Residence: No. 13 Carroll	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH /2 6 - 193
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
(ii) WILL II	, 19,, 19, 19
6. DATE OF BIRTH (month, day, and year) 12 -6 - 3 >	I last saw half alice on
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular	Data of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done as SILK MILL	butt
9. Industry or business in which work was done, as SILK MILL,	Trans vers
SAW MILL, BANK, etc	Julsen Culin
O this occupation (month and spant in this occupation coupation	
1 6 -1 -1	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	
E B H D A	
14. BIRTHPLACE (city or town)	Name of operation Date of
	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Wable Claudly	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State of County)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address) (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place 2 Date 2 5 , 19.37	Nature of injury
19. UNDERTAKER Simus Ryber	24. Was disease or injury in any way related to occupation of deceased?
(Address)	If so, specify
M 51150 12 - 8 - 13 7 10 10 P	(Signed) AMI Caleur M. D.
20. FILED (1 - 0 - , 19 5) () all () Registrar.	(Address) are une luct

STATE OF MARYLAND—CERTIFICATE OF DEATH

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:	***	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH

OCCUPA-

statement

Exact

certificate

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instructions

See

important.

DEATH

pluods

supplied

item

Registration Dist. No. 282

STATE OF MARYLAND—CERTIFICATE OF DEATH

How long in U. S. if of foraign birth? ______yrs. _____mos.____ds.

If U. S. Veteran, specify WAR_

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS 3. SEX

5a, If married, widowed, or divorce HUSBAND of (or) WHEE of

6. DATE OF BIRTH (month, dev. and yaar)

7. AGE

OCCUPATION

Years

If LESS then 1 day,hrs.

Trede, profassion, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc..... 9. Industry or business in which

work wes done, as SILK MILL, SAW MILL, BANK, etc..... O. Date deceased last worked at this occupation (month and

11. Total tima (yeers) spent in this occupation_4

12. BfRTHPLACE (city or town) (State or country)

FATHER 13. NAME

14. BIRTHPLACE (city or town) (Stata or country)

MOTHER 15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT .. (Addrass)

18, BURIAL, CREMATION, OB REMO

19. UNOERTAKER (Addrass)

20. FILED

Registrar.

21. DATE OF DEATH

CERTIFY That I attended deceased from

MEDICAL CERTIFICATE OF DEATH

The PRINCIPAL CAUSE OF DEATH and related causes of Importance

Neme of operation____

What test confirmed dlegnosis?_____ Was there en eutopsy?____

23. If death wes due to externel ceuses (VIOLENCE) filf in also the following: Accident, suicide, or homicide?______ Date of injury_______19_____

(Specify city or town, county and State) Specify whather Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE

24. Wes diseasa or injury in any way related to occupation of deceased?_ If so, specify

(Address) _____

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

RESERVED

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To be complete, an occupation return must state:

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The subtable V. S			
The state of the s			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE F	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

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PHYSICIANS should state ery item of infor-Exact statement of OCCUPAstated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. hation should be carefully supplied. AGE should be B. WRITE PLAINLY, WITH UNFADING

STATE	OF	MADVI	AND-	CERTIFIC	ATE	OF	DEATH
SIMIC	UL	MAKIL	.AND	CERTIFIC	AIL	OI	DEATH

13245

1. PLACE OF DEATH	
County of way	Registration Dist. No. 286
Village or City artist und	NoSt.,Ward
Length of residence in city or town where deeth occurred 45 yrs. O mos.	ds. How long in U.S. if of foreign birth?
2. FULL NAME We and a In	CLU CHT U.S. Veteran, specify WAR
(a) Residence: No. (Cosual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Dey) (Year)
5a/1f merried, widowed, or divorced	
HUSBAND of (or) WIFE of thou as thou as	22. I HEREBY CERTIFY, Thet I attended deceased from
6. DATE OF BIRTH (month, day, and year)	I lest saw h elive on _ / 2 3 /, 193; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 4m.
1 day,hrs. ormln.	The PRINCIPAL CAUSE OF DEATH end releted ceuses of importance were es follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	hyperis chom: 36.
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. I 10. Date deceased last worked at this occupation (month end	uf o e cutits'
10. Date deceased last worked at this occupetion (month end 1931 spent in this year) vear)	Enclaul yophy
12. BIRTHPLACE (city or town) Williams (State or country)	Other Contributory Causes of Importance:
13. NAME # seduct funds 14. BIRTHPLACE (city or town) Unils (State or country)	
I4. BIRTHPLACE (city or town) (Stete or country)	Name of operation Dete of Whet test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME S SETT STORY 16. BIRTHPLACE (city or town) William Set State or country	23. If death was due to external ceuses (VIOLENCE) fill in elso the following:
6 16. BIRTHPLACE (city or town) Will with	Accident, suicide, or homicide? Date of injury19
(State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFDRMANT All Man Julian (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Cert Seur Dete (- 5 - ,19 3)	Nature of injury
19. UNDERTAKER (Address) La gantie	24. Was disease or injury in eny way related to occupation of deceased?
20. FILED /- 2 - , 19.3 & The Fall of Registrar.	(Signed) / White V, Yalum M. D. (Address) and and and
TO III O D	N. O. J. C P. L. P

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